

# INFORMATION RELEASE FORM

**MUST BE COMPLETED BY THE STUDENT**

[Print and return in person to:]

**INDIANA UNIVERSITY SOUTH BEND  
OFFICE OF THE BURSAR  
ADMINISTRATION BUILDING  
ROOM 100**

**OR**

**INDIANA UNIVERSITY SOUTH BEND  
OFFICE OF FINANCIAL AID  
ADMINISTRATION BUILDING  
ROOM 157**

**I (please print) \_\_\_\_\_, authorize The Office of the Bursar and The Office of Financial Aid to release bursar and financial aid information to the following person(s), for as long as I am a student attending Indiana University South Bend.**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student ID Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NOTE: Student must return this form in person and provide a picture ID.**